

DEPARTMENT OF INSURANCE**Producer Licensing Bureau**320 CAPITOL MALL
SACRAMENTO, CA 95814

Information (800) 967-9331 or (916) 322-3555

**ORI: A0042****REQUEST FOR LIVE SCAN SERVICE**

PLEASE PRINT

NAME OF APPLICANT: _____
Last first middle

SOCIAL SECURITY NUMBER: ____-____-____

AKA's: _____ California Drivers License #: _____
Last First

DOB: _____ SEX: _____ MALE _____ FEMALE

HEIGHT: _____ WEIGHT: _____

EYE COLOR: _____ HAIR COLOR: _____

PLACE OF BIRTH: _____

RESIDENCE ADDRESS: STREET OR P.O. BOX _____

CITY: _____ STATE: _____ ZIP: _____

LIVE SCAN TRANSACTION COMPLETED

BY: _____

DATE: _____

AMOUNT COLLECTED: _____ CHECK: _____

PAYMENT OF FINGERPRINT FEES. All applicants must appear at the designated exam site with a check in the amount of \$74 made payable to "**SIFC**". VISA/MASTERCARD WILL ALSO BE ACCEPTED FOR FINGERPRINTING FEE. **Cash will not be accepted.**

Fees not paid on the date of examination will cause a delay in the issuance of the license.

RETAIN THIS AS YOUR RECEIPT OF COMPLETION OF THE FINGERPRINT PROCESS

Form 442-39A (Rev 11/2000)